

Commonwealth of Kentucky  
Personnel Cabinet

# Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance  
Board Members

September 2012

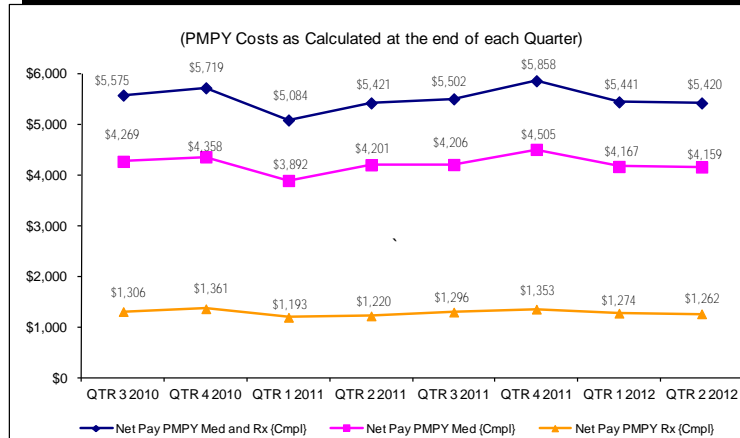
# DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

## Enrollment

Fact	May 2011 - Apr 2012	May 2010 - Apr 2011	% Change
Employees Avg Med	158,625	159,547	-0.58%
Members Avg Med	270,814	267,097	1.39%
Family Size Avg	1.7	1.7	1.98%
Member Age Avg	37.7	37.9	-0.58%

## Net Incurred Claims Cost per Member



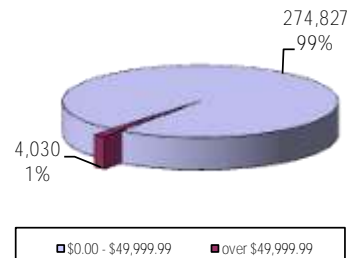
## Allowed Claims Costs PMPY with Norms

	May 2010 - Apr 2011	May 2011 - Apr 2012	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,683.69	\$4,876.00	4%	\$3,998.12	18.00%
Allow Amt PMPY IP Acute {Cmpl}	\$1,308.74	\$1,348.78	3%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,353.65	\$3,509.09	5%	\$2,720.98	22.46%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,781.75	\$1,922.77	8%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$956.50	\$960.38	0%	\$0.00	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$305.05	\$326.58	7%	\$0.00	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$546.00	\$554.84	2%	\$0.00	N/A
Out of Pocket PMPY Med {Cmpl}	\$454.60	\$509.90	12%	\$508.02	0.37%
Allow Amt PMPY Rx {Cmpl}	\$1,526.10	\$1,571.29	3%	\$1,012.28	35.58%
Out of Pocket PMPY Rx {Cmpl}	\$248.48	\$278.88	12%	\$0.00	N/A

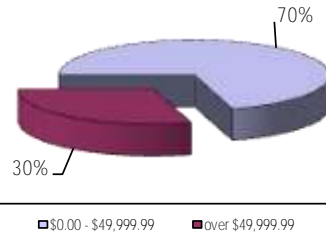
## High Cost Claimants

May 11- April 12

### % of High Cost Patients



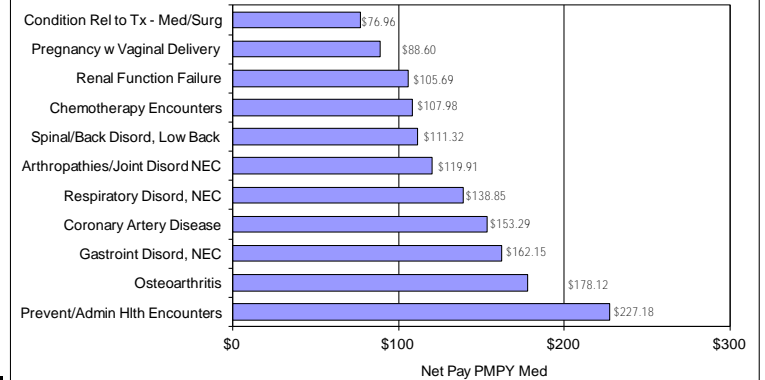
### % of Total Net Payments (Med and Rx)



## Prescription Drug Programs

	Fact	May 2010 - Apr 2011	May 2011 - Apr 2012	% Change
Mail Order	Discount Off AWP % Rx	43.84%	44.85%	2.31%
	Scripts Generic Efficiency Rx	92.57%	92.41%	-0.17%
Retail	Discount Off AWP % Rx	44.56%	44.03%	-1.20%
	Scripts Generic Efficiency Rx	95.06%	94.41%	-0.68%
Total	Discount Off AWP % Rx	44.42%	44.20%	-0.50%
	Scripts Generic Efficiency Rx	94.89%	94.26%	-0.67%
	Scripts Maint Rx % Mail Order	10.05%	11.39%	13.43%

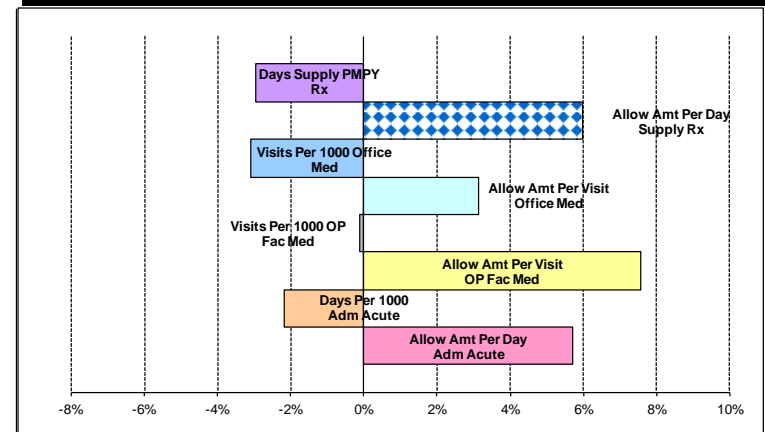
## Top 10 Clinical Conditions



## Cost Drivers Support

Fact	May 2010 - Apr 2011	May 2011 - Apr 2012	% Change
Allow Amt Per Day Adm Acute	\$3,817.64	\$4,036.01	5.72%
Days Per 1000 Adm Acute	329.94	322.76	-2.18%
Allow Amt Per Visit OP Fac Med	\$949.01	\$1,020.82	7.57%
Visits Per 1000 OP Fac Med	1,877.49	1,875.30	-0.12%
Allow Amt Per Visit Office Med	\$111.58	\$115.07	3.13%
Visits Per 1000 Office Med	8,572.55	8,307.45	-3.09%
Allow Amt Per Day Supply Rx	\$2.50	\$2.66	6.00%
Days Supply PMPY Rx	609.19	591.25	-2.95%

## Cost Drivers—Utilization and Price Trends



# Table of Contents

Introduction..	4
Overview.....	4
Definitions.....	5
Enrollment .....	6-8
Claims Costs .....	9-15
Medical Claims Utilization .....	16
Analysis of Deductibles.....	17-18
Analysis of Individuals and Families Meeting their Out of Pocket Expenses .....	19-22
Premium (or Premium Equivalent).....	23
Rx Utilization.....	24-28
Utilization .....	29-30
Claims Lag Analysis .....	31-32
Claims Distribution based on Age/Gender.....	33
Allowed Amount Distribution .....	34
Summary of Enrollment and Claims .....	35

## **Introduction**

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

## **Overview**

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

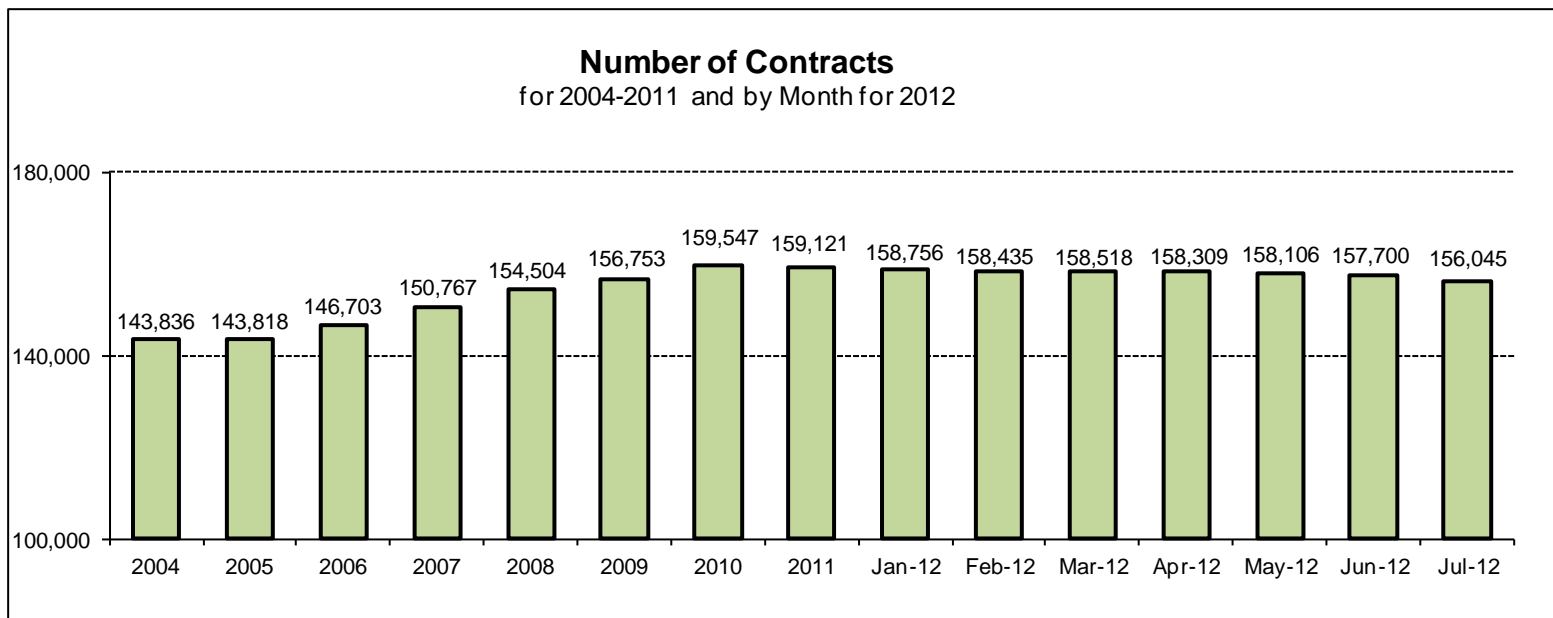
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2006 Medstat processed enrollment information for a total of 258,809 members as well as 7,973,124 claims (3,96,007 Medical claims and 4,584,166 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

## **Definitions**

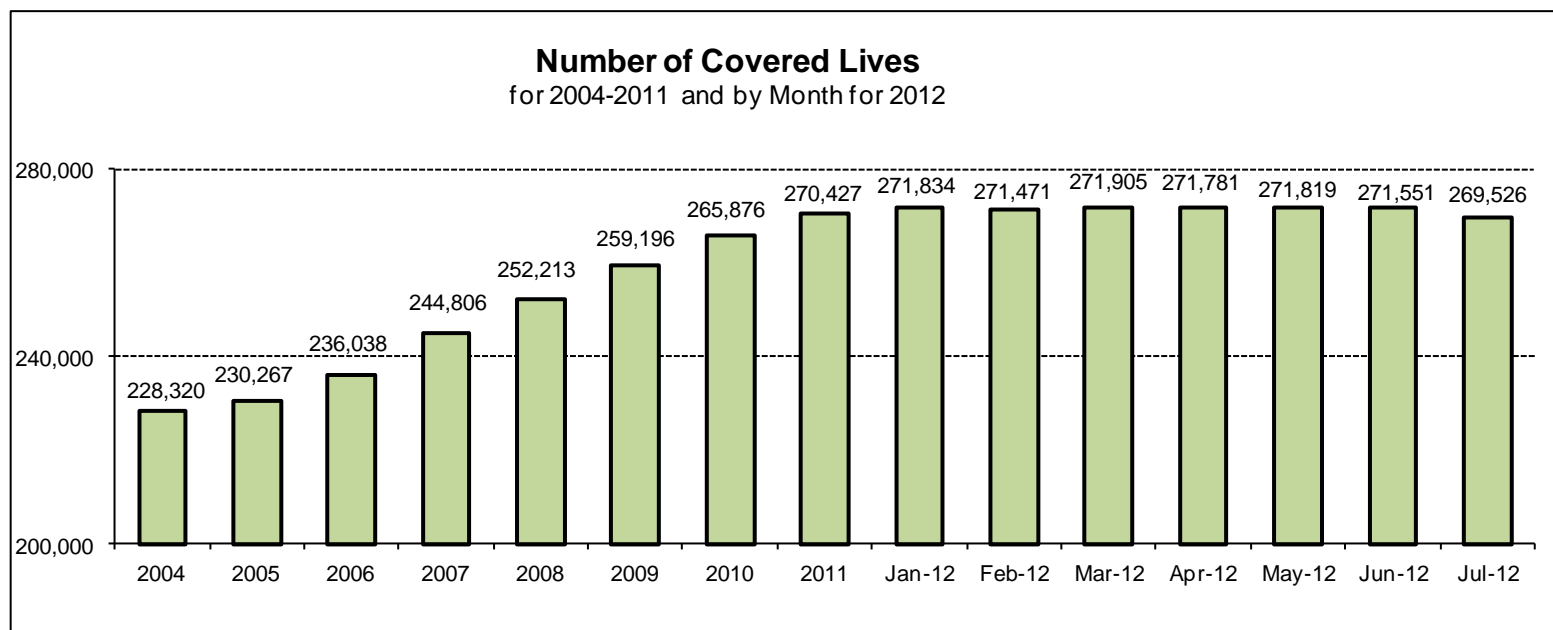
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Standard PPO, Capitol Choice, Optimum PPO, Maximum Choice, Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, or Commonwealth Select.
- **Carrier** may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

## Enrollment

The following chart shows planholder enrollment (contracts) for 2004-2011 and monthly year-to-date for 2012. Enrollment will fluctuate on a monthly basis (Approximately 8,000 cross-referenced spouses in any given month are not included)

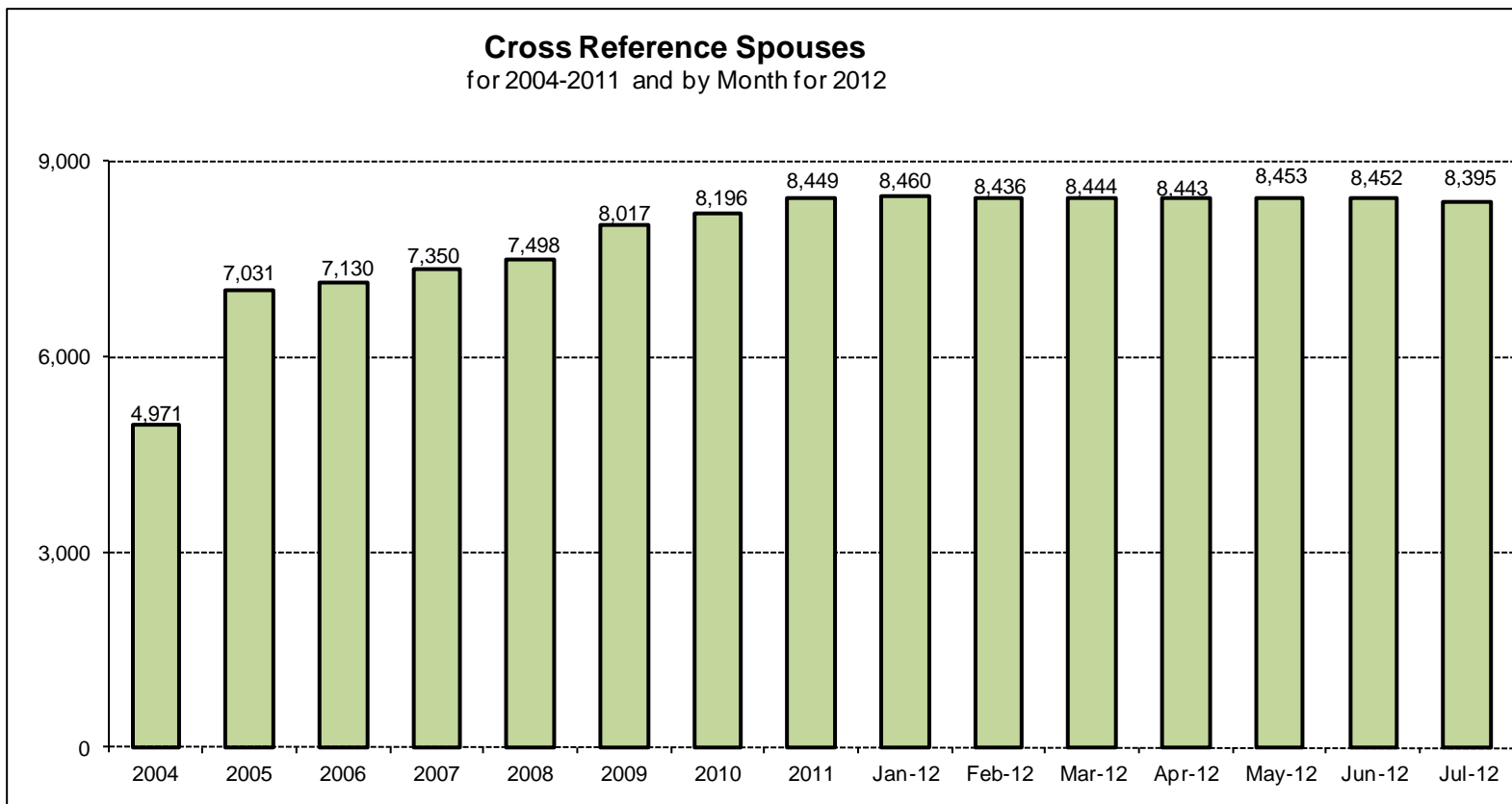


The following chart shows member enrollment (covered lives) for 2004-2011 and monthly year-to-date for 2012. Enrollment will fluctuate on a monthly basis.



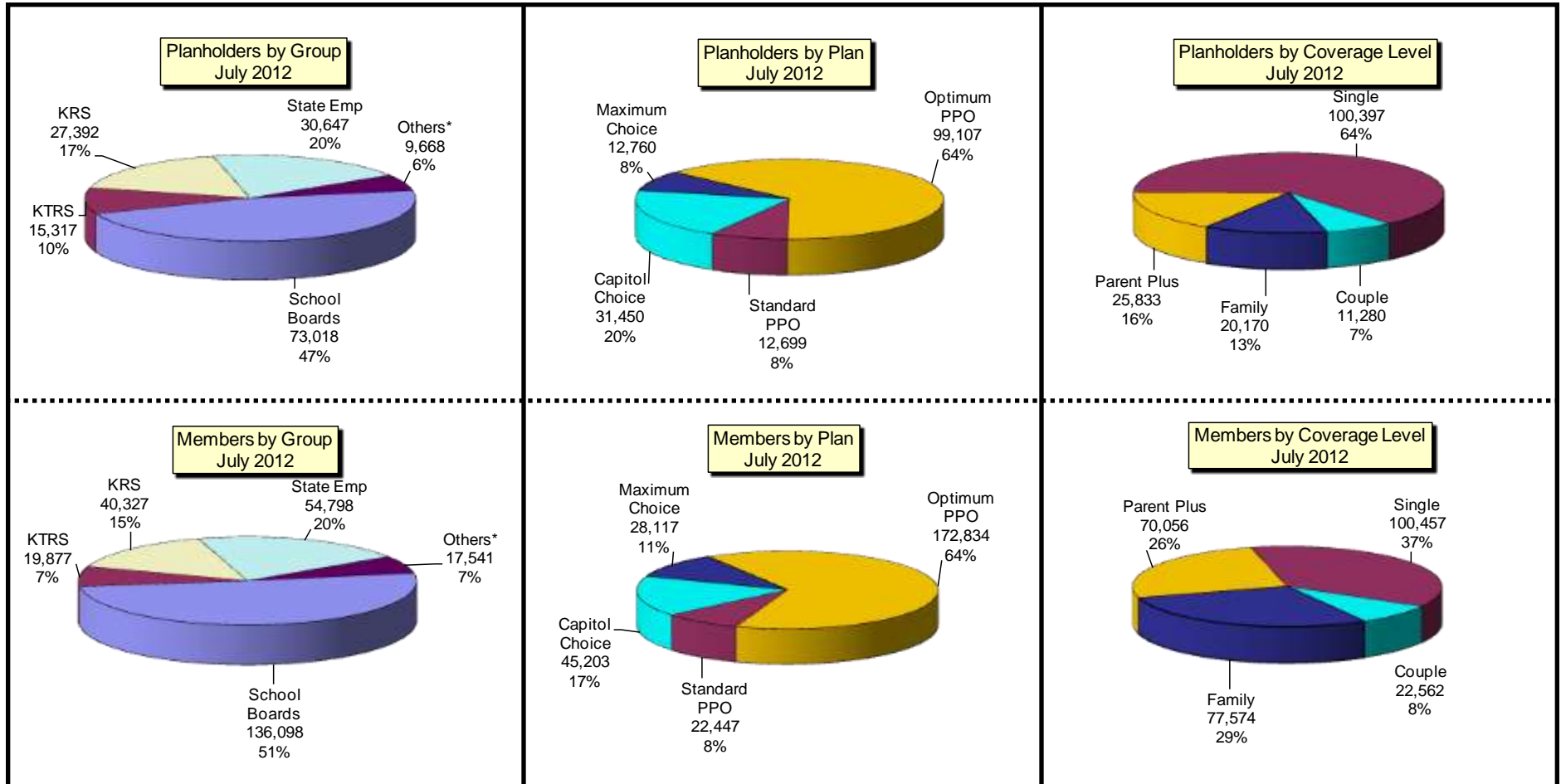
## **Enrollment** *(continued)*

The following graph shows the number of cross-reference spouses for 2004-2011 and monthly year-to-date for 2012. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



## **Enrollment** *(continued)*

The following charts show Planholder and Member enrollment by group, plan, and coverage level.

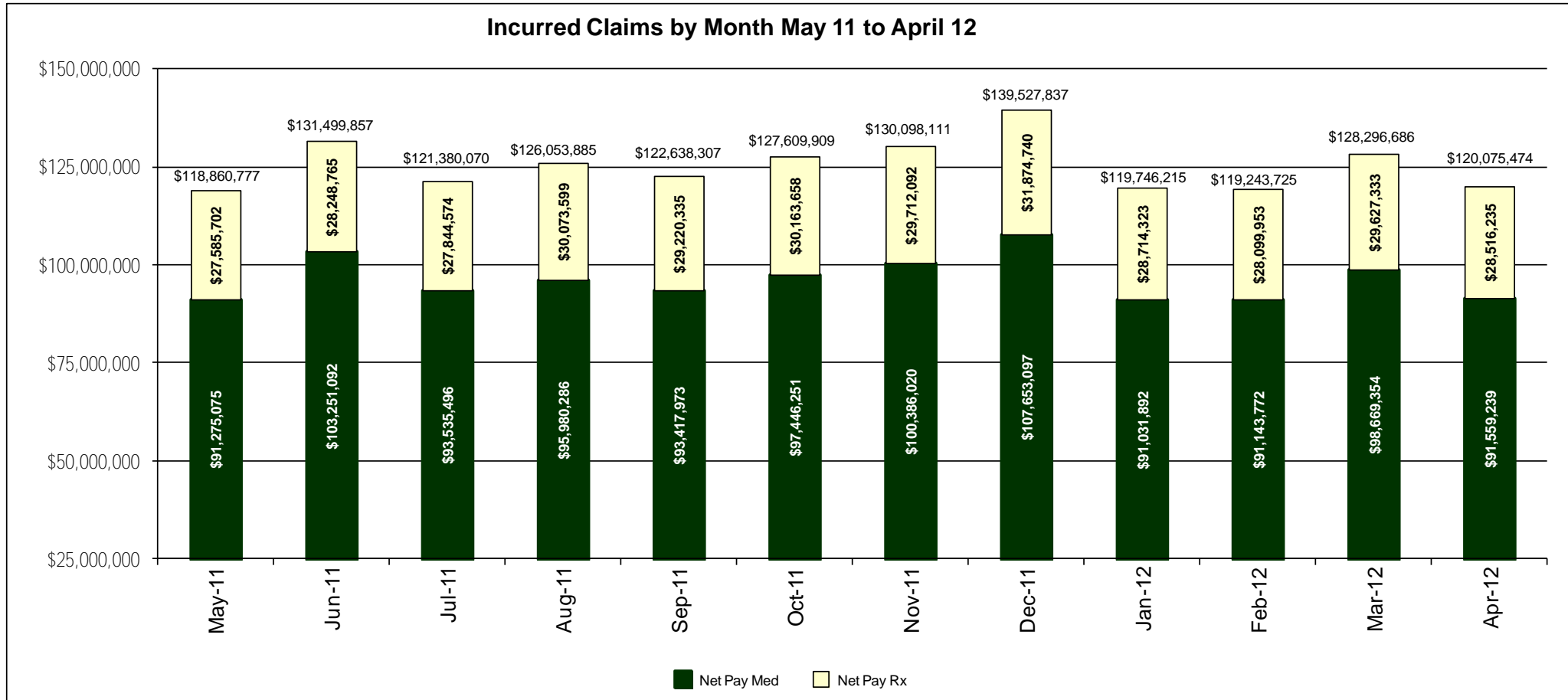


\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).



## Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



## **Claims Costs** *(continued)*

The following tables represent incurred claims by Group for 2004 - 2011 and monthly year-to-date for 2012.

### **INCURRED MEDICAL CLAIMS (no Rx) by Group:**

	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others</b>	<b>Totals</b>
2004	\$246,147,555	\$70,821,610	\$105,467,391	\$123,091,625	\$44,876,807	\$590,404,988
2005	\$258,583,635	\$80,446,325	\$122,103,230	\$127,041,805	\$47,167,061	\$635,342,056
2006	\$307,404,829	\$93,874,833	\$147,000,881	\$151,118,572	\$48,943,683	\$748,342,797
2007	\$335,233,747	\$96,138,953	\$156,119,263	\$147,816,830	\$50,969,860	\$786,278,653
2008	\$402,843,851	\$109,319,917	\$194,688,095	\$178,641,561	\$64,333,716	\$949,827,140
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,428,663	\$134,399,405	\$218,426,179	\$193,306,298	\$79,191,286	\$1,092,751,832
2011	\$475,200,411	\$137,868,471	\$239,551,176	\$200,980,002	\$82,246,589	\$1,135,846,649
Jan-12	\$37,523,438	\$11,167,527	\$19,799,298	\$16,330,509	\$6,211,120	\$91,031,892
Feb-12	\$38,867,305	\$11,041,361	\$18,942,408	\$15,592,475	\$6,700,224	\$91,143,772
Mar-12	\$40,846,465	\$12,081,373	\$20,609,804	\$17,368,268	\$7,763,443	\$98,669,354
Apr-12	\$39,735,858	\$10,689,775	\$18,478,309	\$15,853,452	\$6,801,845	\$91,559,239

\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

## **Claims Costs** *(continued)*

The following tables represent incurred claims by Group for 2004 - 2011 and monthly year-to-date for 2012.

### **INCURRED Rx CLAIMS (no Med) by Group:**

	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others</b>	<b>Totals</b>
2004	\$65,369,460	\$24,608,695	\$34,687,723	\$32,464,692	\$11,366,382	\$168,496,952
2005	\$69,923,171	\$27,111,849	\$39,719,334	\$34,313,525	\$12,446,641	\$183,514,521
2006	\$92,676,509	\$35,017,335	\$53,095,577	\$42,857,791	\$13,481,498	\$237,128,711
2007	\$102,883,195	\$37,889,011	\$61,585,393	\$46,102,562	\$15,361,507	\$263,821,668
2008	\$114,318,657	\$42,211,258	\$72,457,449	\$51,523,178	\$17,638,869	\$298,149,411
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,630,177	\$49,399,429	\$89,783,993	\$55,123,907	\$21,024,452	\$344,961,959
2011	\$126,606,973	\$48,666,334	\$92,049,455	\$54,184,393	\$20,549,760	\$342,056,914
Jan-12	\$10,573,823	\$4,102,867	\$7,607,177	\$4,547,254	\$1,883,202	\$28,714,323
Feb-12	\$10,546,417	\$3,910,884	\$7,347,341	\$4,594,443	\$1,700,868	\$28,099,953
Mar-12	\$11,261,007	\$4,188,208	\$7,555,582	\$4,844,521	\$1,778,015	\$29,627,333
Apr-12	\$10,861,849	\$4,030,008	\$7,284,584	\$4,649,259	\$1,690,535	\$28,516,235

\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

## **Claims Costs** *(continued)*

The following tables represent incurred claims by Plan for 2004-2011 and monthly year-to-date for 2012.

### **INCURRED MEDICAL CLAIMS (no Rx) by PLAN:**

Time Period	Commonwealth				Capitol Choice	Maximum Choice	Optimum PPO	Standard PPO	Missing*	Total
	Enhanced	Essential	Premier	Select						
2005	224,106,646	5,699,906	398,937,012	870	0	0	0	0	3,206,256	631,950,690
2006	288,475,412	5,444,088	450,349,287	2,662	12,098	2,001	80,928	2,313	3,974,007	748,342,797
2007	338,717,549	5,049,175	499,351,543	7,241,677	8,146	10,878	65,746	2,173	3,721,482	854,168,370
2008	378,025,074	5,426,578	549,135,738	12,042,184	192,471	155,016	1,237,182	30,902	3,581,995	949,827,140
2009	30,875	0	107,859	9,005	115,052,390	44,250,277	839,555,872	14,550,862	4,290,752	1,017,847,892
2010	N/A	N/A	N/A	N/A	120,771,441	56,091,744	893,740,556	15,284,659	6,863,431	1,092,751,832
2011	N/A	N/A	N/A	N/A	145,437,479	71,630,544	871,850,028	39,406,432	7,522,166	1,135,846,649
Jan 2012	N/A	N/A	N/A	N/A	12,773,764	3,733,635	70,407,628	3,685,134	431,731	91,031,892
Feb 2012	N/A	N/A	N/A	N/A	11,760,154	4,309,458	71,266,102	3,128,427	679,631	91,143,772
Mar 2012	N/A	N/A	N/A	N/A	12,606,766	5,371,535	75,262,738	4,543,946	884,369	98,669,354
Apr 2012	N/A	N/A	N/A	N/A	12,239,638	4,731,404	69,558,095	3,772,812	1,257,290	91,559,239

*\*Missing means the claims could not be tagged to a specific plan.*

## **Claims Costs** *(continued)*

The following tables represent incurred claims by Plan for 2004-2011 and monthly year-to-date for 2012.

### **INCURRED Rx CLAIMS (no Med) by PLAN:**

Time Period	Commonwealth					Capitol Choice	Maximum Choice	Optimum PPO	Standard PPO	Missing*	Total
	Enhanced	Essential	Premier	Select							
2005	\$54,479,575	\$1,131,785	\$97,251,249	\$22	\$0	\$0	\$0	\$0	\$0	\$549,273	\$182,825,330
2006	\$86,176,113	\$1,164,651	\$148,805,657	\$185	\$129	\$460	\$3,784	\$70	\$977,662	\$237,128,711	
2007	\$98,794,003	\$968,767	\$162,084,866	\$1,413,084	\$252	\$0	\$9,536	\$1,366	\$484,891	\$263,756,765	
2008	\$114,041,269	\$986,314	\$180,478,736	\$1,932,466	\$12,238	\$3,948	\$89,254	\$2,409	\$602,777	\$298,149,411	
2009	\$15,498	\$11	\$39,805	\$2,289	\$35,845,894	\$7,804,096	\$267,798,635	\$3,632,729	\$627,662	\$315,766,619	
2010	\$0	\$0	\$0	\$0	\$37,401,779	\$10,541,049	\$292,418,436	\$3,837,179	\$763,517	\$344,961,959	
2011	\$0	\$0	\$0	\$0	\$44,293,164	\$13,654,328	\$275,521,109	\$8,053,412	\$534,902	\$342,056,914	
Jan 2012	\$0	\$0	\$0	\$0	\$3,817,710	\$189,199	\$23,732,853	\$798,927	\$175,635	\$28,714,323	
Feb 2012	\$0	\$0	\$0	\$0	\$3,746,219	\$507,395	\$22,985,481	\$806,449	\$54,409	\$28,099,953	
Mar 2012	\$0	\$0	\$0	\$0	\$4,041,604	\$770,631	\$23,947,075	\$838,395	\$29,628	\$29,627,333	
Apr 2012	\$0	\$0	\$0	\$0	\$3,865,445	\$977,554	\$22,816,759	\$818,659	\$37,817	\$28,516,235	

*\*Missing means the claims could not be tagged to a specific plan.*

## **Claims Costs** *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2004-2011 and monthly year-to-date for 2012.

### **INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:**

<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2004	\$79,155,863	\$103,820,755	\$86,067,017	\$316,270,259	\$5,091,095	\$590,404,989
2005	\$87,262,576	\$118,825,706	\$89,324,478	\$333,524,271	\$3,206,647	\$632,143,678
2006	\$105,900,696	\$142,637,212	\$104,245,315	\$391,585,566	\$3,974,007	\$748,342,797
2007	\$123,989,294	\$160,349,021	\$118,430,067	\$447,682,122	\$3,721,482	\$854,171,987
2008	\$138,340,738	\$179,204,916	\$138,984,028	\$489,769,922	\$3,527,536	\$949,827,140
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,533,961	\$207,464,316	\$168,868,984	\$548,100,916	\$6,783,655	\$1,092,751,832
2011	\$159,879,241	\$230,676,139	\$183,436,682	\$554,384,676	\$7,469,910	\$1,135,846,649
Jan 2012	\$12,997,663	\$17,604,246	\$14,506,405	\$45,493,080	\$430,498	\$91,031,892
Feb 2012	\$13,641,670	\$17,287,093	\$14,982,590	\$44,552,788	\$679,631	\$91,143,772
Mar 2012	\$13,332,140	\$19,943,346	\$15,252,041	\$49,257,514	\$884,314	\$98,669,354
Apr 2012	\$13,344,215	\$18,603,203	\$14,401,064	\$43,953,531	\$1,257,227	\$91,559,239

*\*Unable to tag claims to a specific coverage level*

## **Claims Costs** *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2004-2011 and monthly year-to-date for 2012.

### **INCURRED Rx CLAIMS (no Med) by Coverage Level:**

<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2004	\$25,937,109	\$29,646,733	\$19,042,131	\$93,046,913	\$824,066	\$168,496,952
2005	\$28,909,801	\$34,195,948	\$19,163,801	\$99,866,288	\$689,492	\$182,825,330
2006	\$38,228,159	\$43,809,856	\$25,948,520	\$128,164,514	\$977,662	\$237,128,711
2007	\$42,590,719	\$49,329,230	\$29,736,616	\$141,680,238	\$484,865	\$263,821,668
2008	\$48,563,951	\$54,628,661	\$34,879,637	\$159,504,290	\$572,873	\$298,149,411
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,195,738	\$64,924,885	\$41,129,789	\$180,995,255	\$716,292	\$344,961,959
2011	\$55,933,177	\$66,674,066	\$43,256,429	\$175,740,345	\$452,898	\$342,056,914
Jan 2012	\$4,535,737	\$5,240,883	\$3,731,042	\$15,159,978	\$46,682	\$28,714,323
Feb 2012	\$4,260,939	\$5,459,358	\$3,898,014	\$14,432,460	\$49,181	\$28,099,953
Mar 2012	\$4,502,308	\$5,804,407	\$4,085,846	\$15,205,450	\$29,322	\$29,627,333
Apr 2012	\$4,521,472	\$5,681,161	\$3,790,110	\$14,486,913	\$36,579	\$28,516,235

*\*Unable to tag claims to a specific coverage level*

## Medical Claims Utilization

The following is based on medical claims\* (does not include Rx) incurred for Jan-Apr 2012.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcmt Sgovt	%Diff from {Rcmt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute Rcmt Sgovt	%Diff from Rcmt SGovt	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute Rcmt Sgovt	%Diff from Rcmt SGovt
Capitol Choice	58.99	73.46	-19.69%	3.95	4.81	-17.93%	232.74	288.87	-19.43%
Maximum Choice	55.99	61.69	-9.24%	3.83	4.62	-16.94%	214.62	234.56	-8.50%
Optimum PPO	83.07	69.78	19.06%	4.13	5.10	-19.02%	342.83	283.26	21.03%
Standard PPO	52.35	65.81	-20.45%	3.79	4.52	-16.22%	198.41	254.31	-21.98%
Average	73.76	69.23	6.54%	4.06	4.99	-18.58%	299.46	276.80	8.19%

Commonwealth Plan	Visits Per 1000 Of- fice Med	Visits Per 1000 Office Med Rcmt Sgovt	%Diff from Rcmt SGovt	Visits Per 1000 ER	Visits Per 1000 ER Rcmt Sgovt	%Diff from Rcmt SGovt
Capitol Choice	7,549.04	8,071.30	-6.47%	205.29	229.42	-10.52%
Maximum Choice	6,121.20	6,886.19	-11.11%	202.53	226.14	-10.44%
Optimum PPO	9,224.24	8,020.86	15.00%	263.08	225.99	16.41%
Standard PPO	4,876.45	7,208.22	-32.35%	213.66	227.44	-6.06%
Average	8,271.60	7,845.87	5.43%	243.14	226.70	7.25%

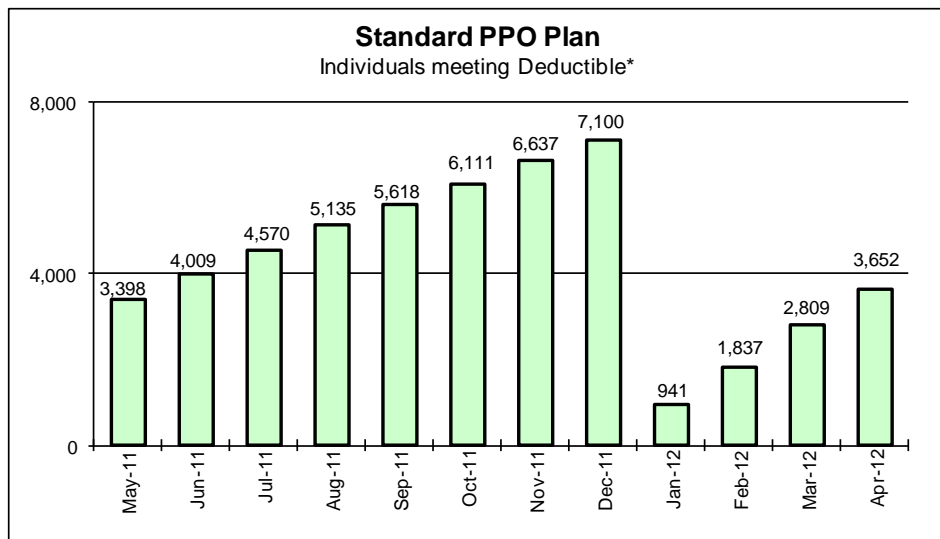
Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcmt US	%Diff from Rcmt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcmt US	%Diff from Rcmt US
Capitol Choice	8,964.53	7,824.06	14.58%	2,580.62	2,334.24	10.55%
Maximum Choice	6,748.85	6,218.12	8.54%	1,813.90	1,704.68	6.41%
Optimum PPO	11,466.19	7,586.27	51.14%	3,206.12	2,303.77	39.17%
Standard PPO	6,157.46	6,735.00	-8.58%	1,705.32	1,889.03	-9.73%
Average	10,130.01	7,415.22	36.61%	2,835.95	2,213.17	28.14%

\*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

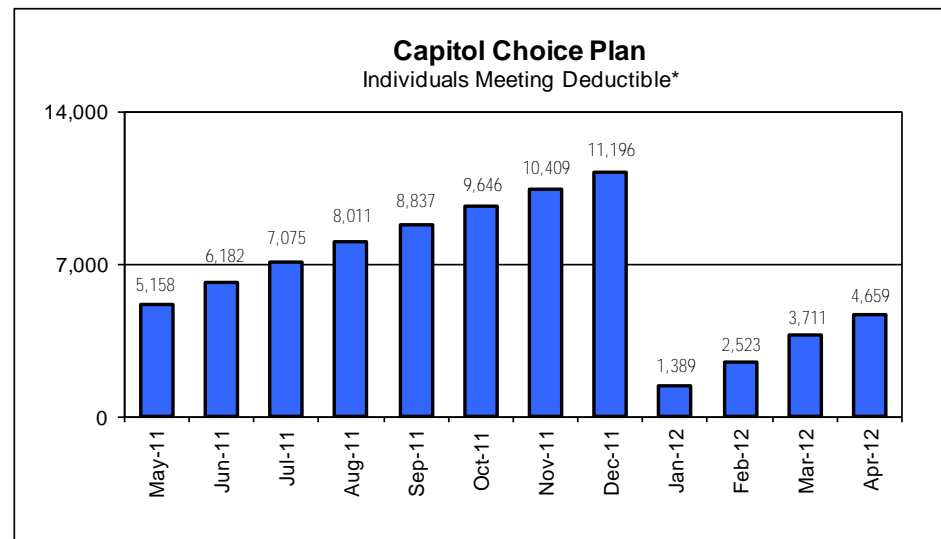


## Analysis of Individuals and Families Meeting Their Deductibles

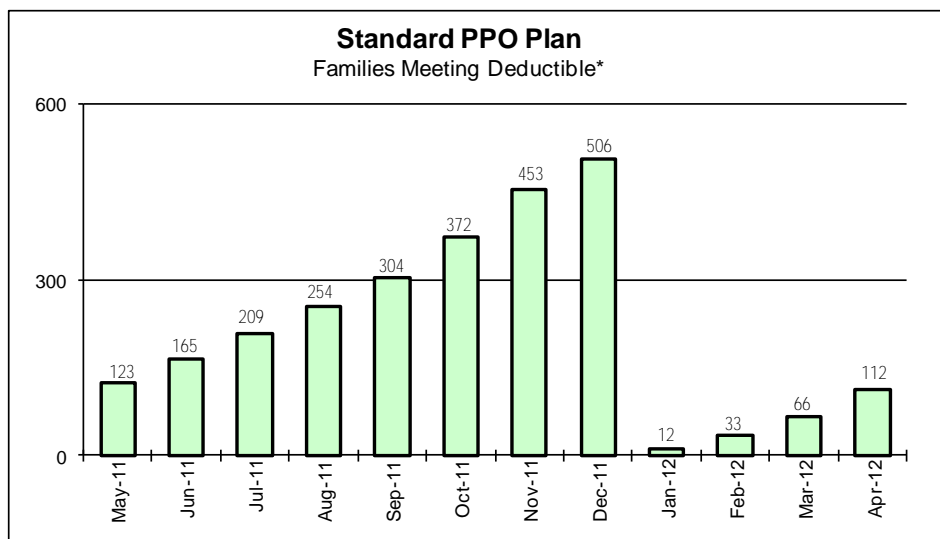
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



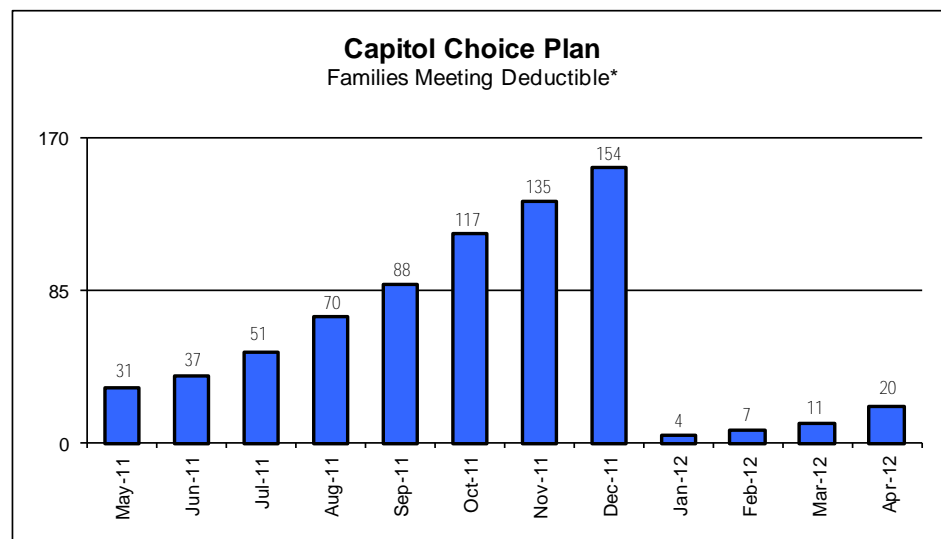
\* 2011 and 2012 Individual Deductible is \$500



\* 2011 Individual Deductible was \$575; in 2012, Individual Deductible is \$600.



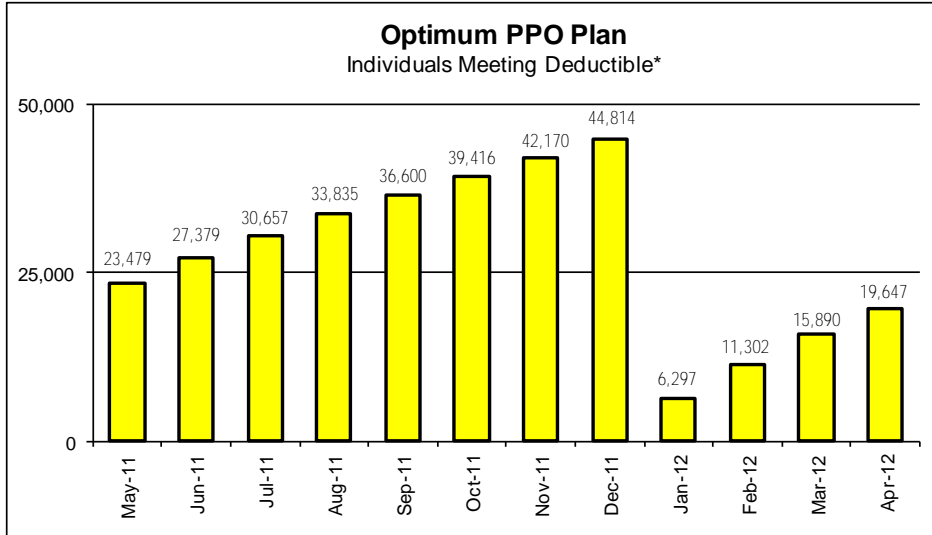
\* 2011 and 2012 Family Deductible is \$1,500



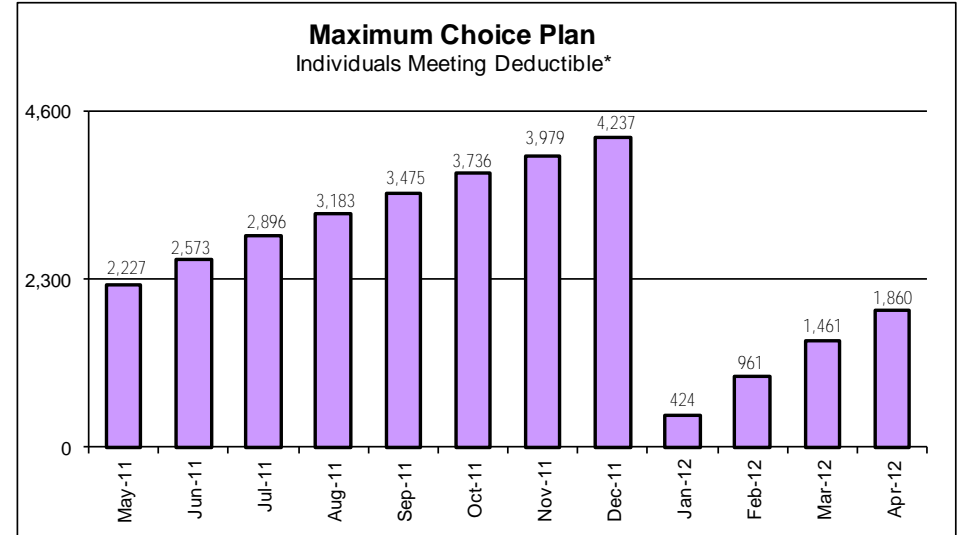
\* 2011 Family Deductible was \$1,725; in 2012, Family Deductible is \$1,800.

## Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

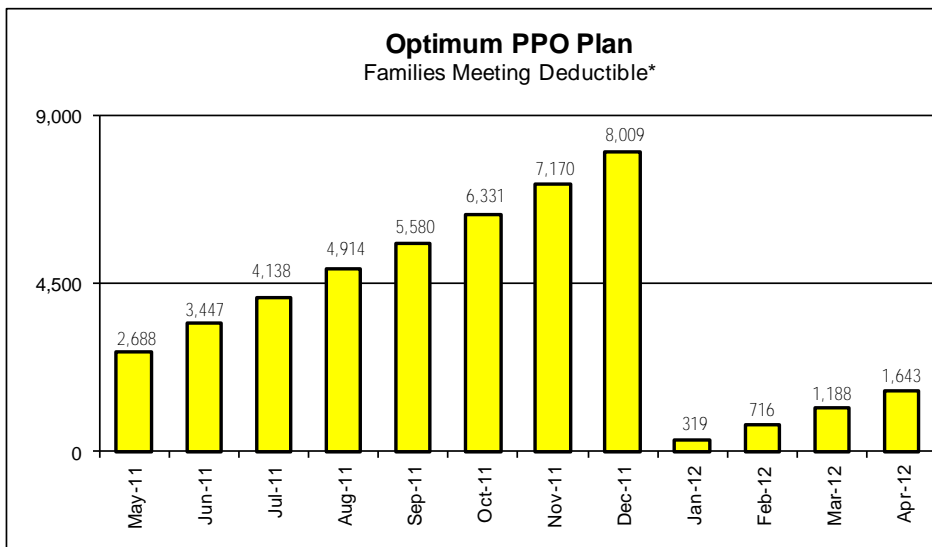
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



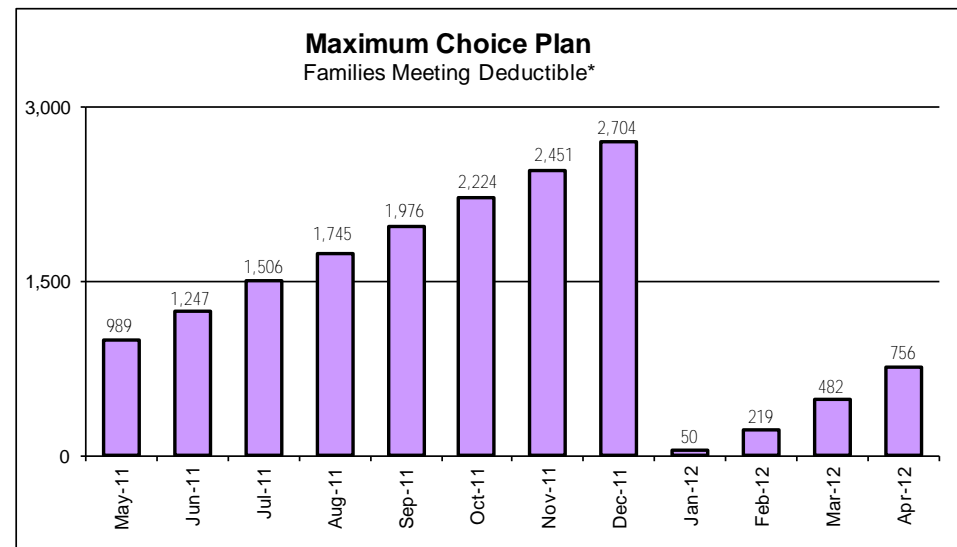
\* 2011 Individual Deductible was \$345; in 2012, Individual Deductible is \$355.



\* 2011 Individual Deductible was \$2,300; in 2012, Individual Deductible is \$2,325.



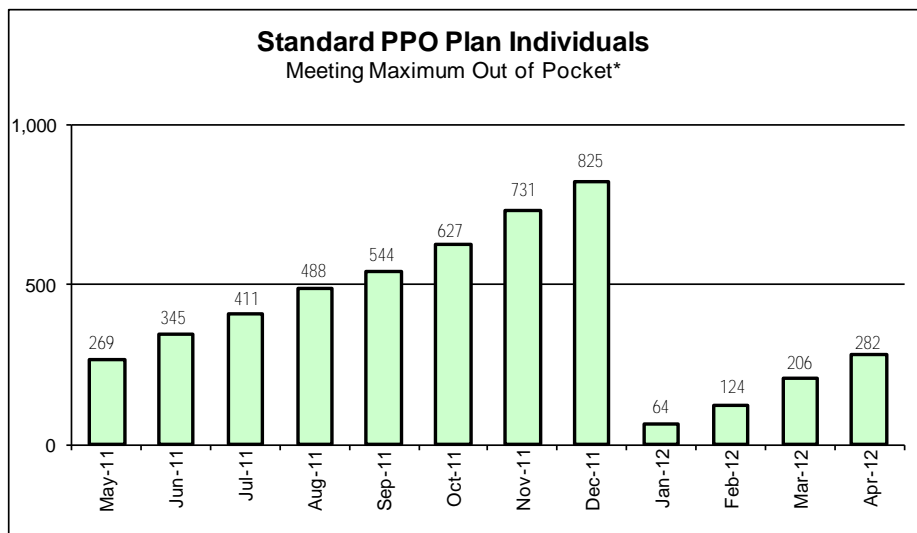
\* 2011 Family Deductible was \$690; in 2011, Family Deductible is \$720.



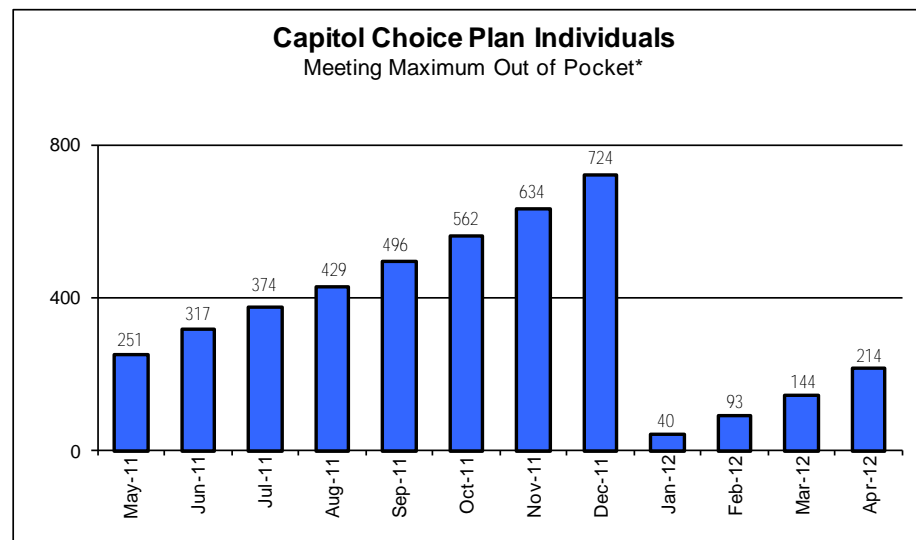
\* 2011 Family Deductible was \$3,455; in 2012, Family Deductible is \$3,530.

## Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

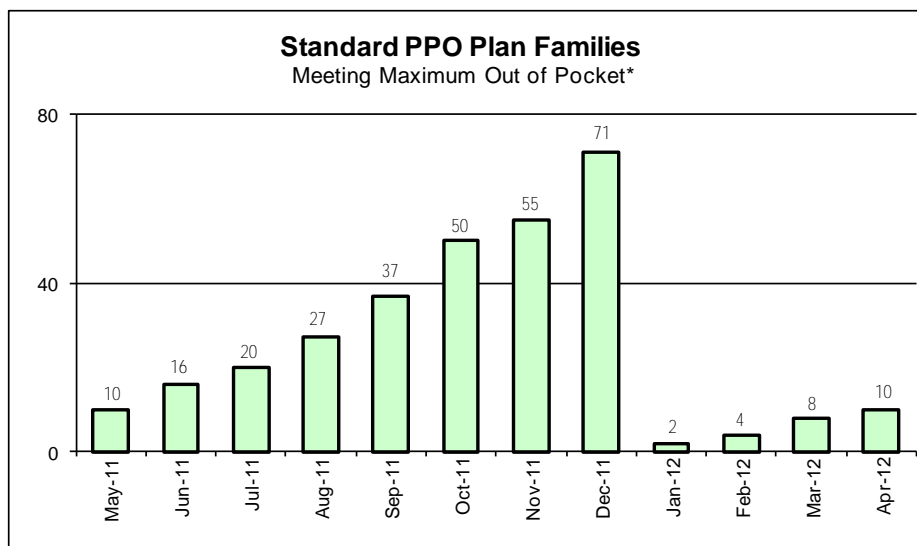
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



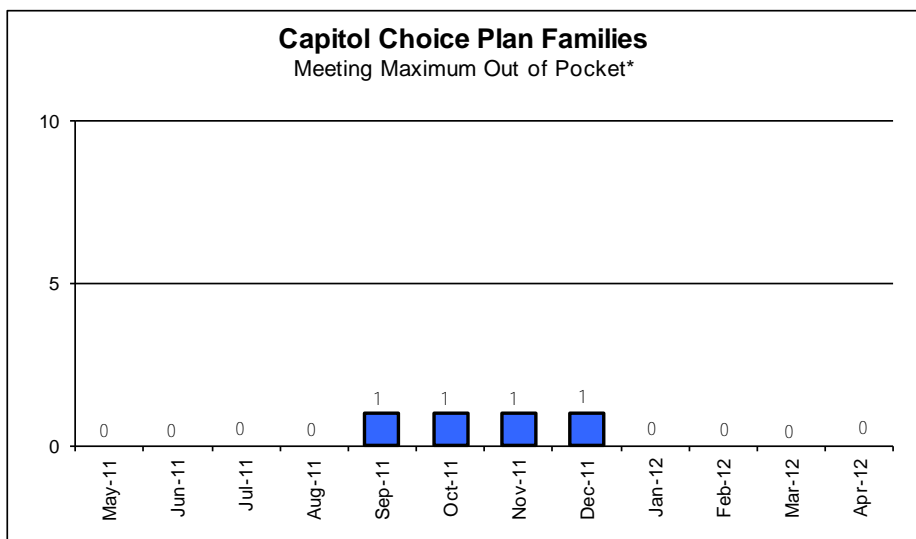
\* 2011 and 2012 Individual Maximum Out of Pocket is \$3,500



\* 2011 Individual Max Out of Pocket was \$2,300; in 2012, Individual Max Out of Pocket is \$2,400.



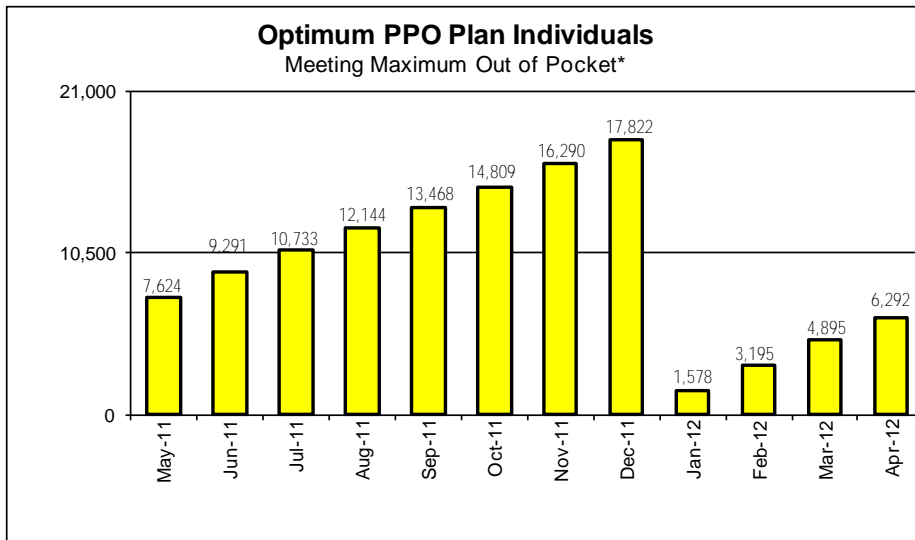
\* 2011 and 2012 Family Maximum Out of Pocket is \$7,000



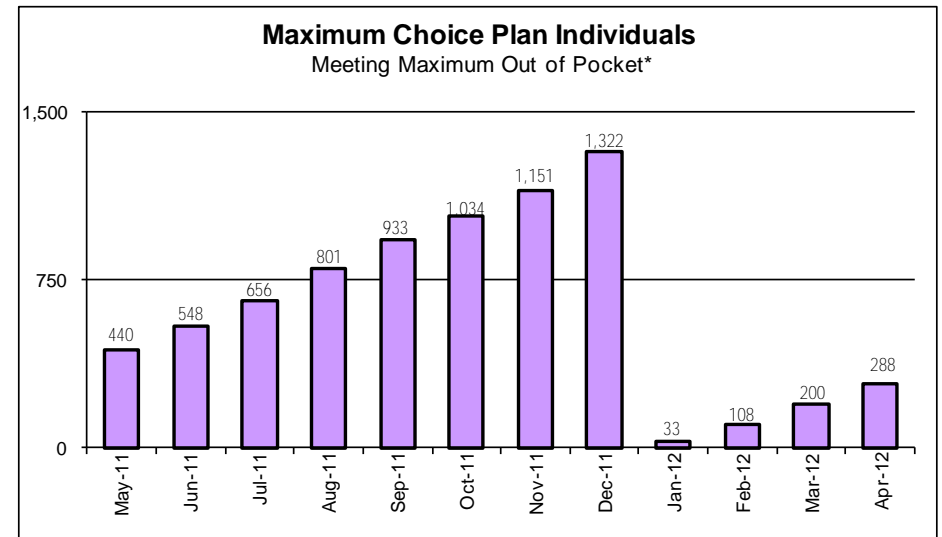
\* 2011 Family Max Out of Pocket was \$6,900; in 2011, Family Max Out of Pocket is \$7,000.

## Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

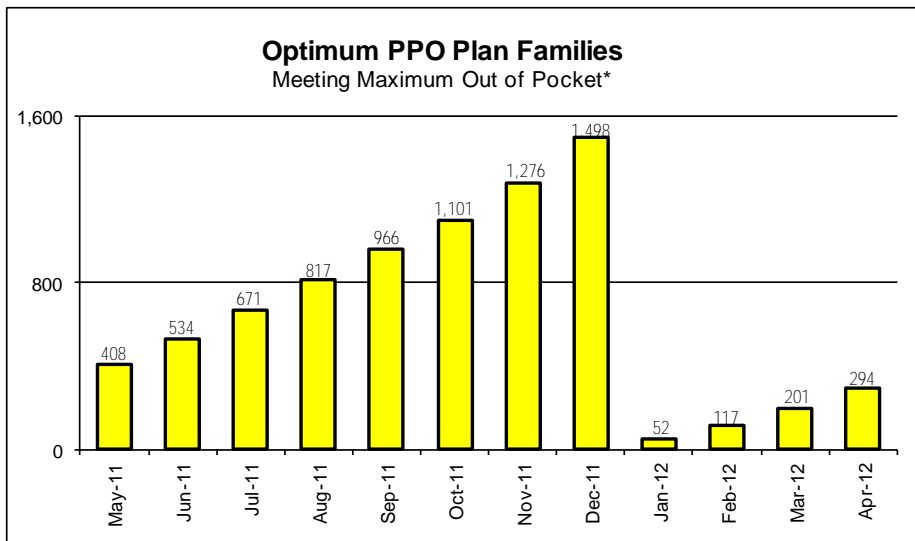
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



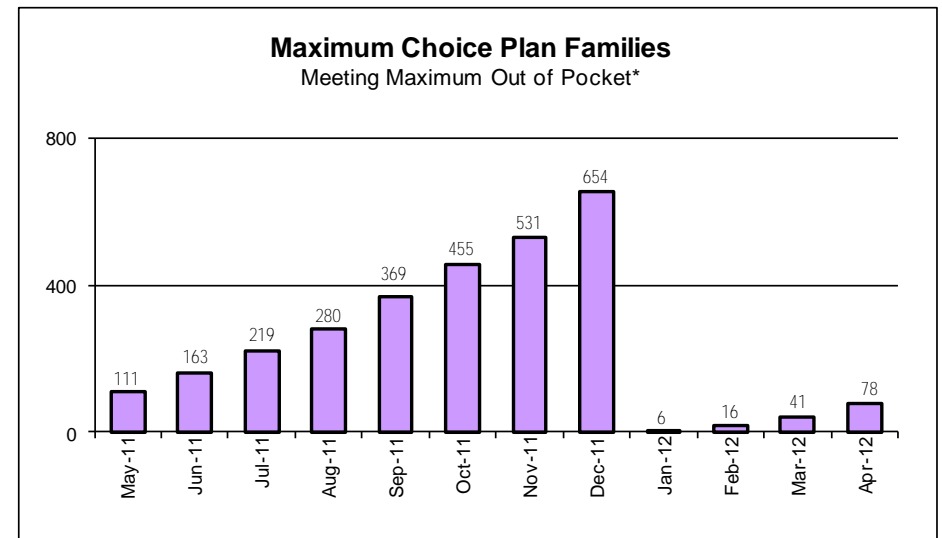
\* 2011 Individual Max Out of Pocket was \$1,295; in 2012, Individual Max Out of Pocket is \$1,350.



\* 2011 Individual Max Out of Pocket was \$3,455; in 2011, Individual Max Out of Pocket is \$3,550.



\* 2011 Family Max Out of Pocket was \$2,590; in 2011, Family Max Out of Pocket is \$2,700.



\* 2010 Family Max Out of Pocket was \$5,185; in 2012, Family Max Out of Pocket is \$5,280.

## Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2005-2012. This report is based on incurred claims.

Individuals and Families in Essential (2005-08) and Standard PPO (2009-12)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket
2005	Essential	\$750	18.58%	\$3,500	1.14%	\$1,500	11.69%	\$7,000	0.22%
2006	Essential	\$750	22.14%	\$3,500	2.96%	\$1,500	16.35%	\$7,000	1.08%
2007	Essential	\$750	22.41%	\$3,500	3.30%	\$1,500	17.70%	\$7,000	1.16%
2008	Essential	\$750	24.25%	\$3,500	4.01%	\$1,500	19.35%	\$7,000	1.51%
2009	Standard PPO	\$750	32.06%	\$3,500	5.85%	\$1,500	8.74%	\$7,000	1.14%
2010	Standard PPO	\$500	38.12%	\$3,500	4.81%	\$1,500	3.61%	\$7,000	0.73%
2011	Standard PPO	\$500	39.25%	\$3,500	4.56%	\$1,500	3.92%	\$7,000	0.55%
2012	Standard PPO	\$500	16.73%	\$3,500	1.29%	\$1,500	0.87%	\$7,000	0.08%

Individuals and Families in Enhanced (2005-08) and Capitol Choice (2009-12)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket
2005	Enhanced	\$250	19.30%	\$1,250	3.33%	\$500	6.72%	\$2,500	0.31%
2006	Enhanced	\$250	21.52%	\$1,250	5.80%	\$500	9.95%	\$2,500	0.94%
2007	Enhanced	\$250	21.31%	\$1,250	7.48%	\$500	8.93%	\$2,500	1.00%
2008	Enhanced	\$250	21.95%	\$1,250	8.11%	\$500	9.06%	\$2,500	1.20%
2009	Capitol Choice	\$500	27.85%	\$2,000	1.86%	\$1,500	0.59%	\$6,000	0.01%
2010	Capitol Choice	\$500	25.19%	\$2,000	1.84%	\$1,500	0.49%	\$6,000	0.01%
2011	Capitol Choice	\$575	24.89%	\$2,300	1.61%	\$1,725	0.44%	\$6,900	0.00%
2012	Capitol Choice	\$600	10.25%	\$2,400	0.47%	\$1,800	0.06%	\$7,000	0.00%

## Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2005-2012. This report is based on incurred claims.

Individuals and Families in Premier (2005-08) and Optimum PPO (2009-12)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket
2005	Premier	\$250	27.80%	\$1,000	3.38%	\$500	6.72%	\$2,000	0.54%
2006	Premier	\$250	30.15%	\$1,000	6.70%	\$500	9.95%	\$2,000	1.17%
2007	Premier	\$250	30.04%	\$1,000	7.78%	\$500	8.93%	\$2,000	1.20%
2008	Premier	\$250	30.51%	\$1,000	8.60%	\$500	9.06%	\$2,000	1.26%
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%
2011	Optimum PPO	\$345	25.14%	\$1,295	10.00%	\$690	7.29%	\$2,590	1.36%
2012	Optimum PPO	\$355	11.15%	\$1,350	3.57%	\$720	1.60%	\$2,700	0.29%

Individuals and Families in Select (2007-08) and Maximum Choice (2009-12)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket
2007	Select	\$2,000	11.72%	\$3,000	3.01%	\$3,000	18.50%	\$4,500	2.61%
2008	Select	\$2,000	12.81%	\$3,000	3.63%	\$3,000	20.03%	\$4,500	3.91%
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.14%
2011	Maximum Choice	\$2,300	14.55%	\$3,455	4.54%	\$3,455	18.18%	\$5,185	4.40%
2012	Maximum Choice	\$2,325	6.57%	\$3,550	1.02%	\$3,530	5.78%	\$5,280	0.60%

### **Premium (or Premium Equivalent)**

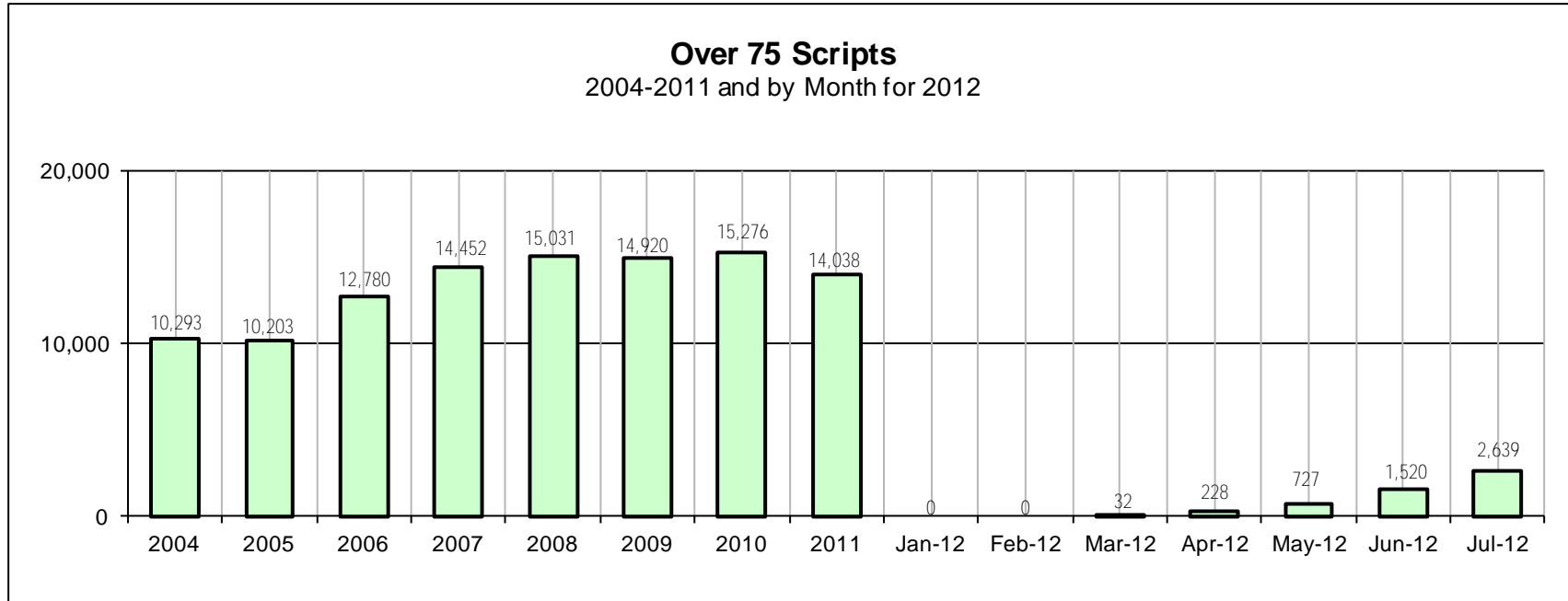
The following details the amount of premium\* (or premium equivalent) paid by the employee and employer for 2004-2011 and monthly through 2012.

<b>Time Period</b>	<b>Employee Premium Amount</b>	<b>Employer Premium Amount</b>	<b>Total Premium Amount</b>
2005	\$143,746,542	\$808,691,861	\$952,438,403
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,530,819	\$973,220,791	\$1,140,751,611
2008	\$179,094,322	\$1,039,574,462	\$1,218,668,784
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
Jan 2012	\$22,941,760	\$112,338,099	\$135,279,859
Feb 2012	\$22,908,184	\$112,091,093	\$134,999,277
Mar 2012	\$22,877,102	\$112,159,025	\$135,036,127
Apr 2012	\$22,849,862	\$112,011,555	\$134,861,416
May 2012	\$22,798,693	\$111,899,362	\$134,698,055
Jun 2012	\$22,746,630	\$111,635,265	\$134,381,895
Jul 2012	\$22,505,277	\$110,524,988	\$133,030,264

*\*Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

## Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004-2011 and by month for 2012. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$20 for 2nd tier and \$35 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2012:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	121,505	2,280,021	12.65	\$68.14	\$155,363,797.64
Over 75	2,639	256,213	45.44	\$80.92	\$20,733,146.82
<b>Total</b>	<b>124,144</b>	<b>2,536,234</b>	<b>13.64</b>	<b>\$69.43</b>	<b>\$176,096,944.46</b>



### **Prescription Drug Utilization** *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

<b>Time Period</b>	<b>Generic</b>	<b>Brand Name, Generic Available</b>	<b>Brand Name</b>	<b>Other*</b>	<b>Total</b>	<b>Scripts Rx % Generic</b>	<b>Scripts Generic Efficiency Rx</b>
Aug-11	336,425	19,172	98,926	11,598	466,121	72.18%	94.61%
Sep-11	285,163	15,691	84,474	9,967	395,295	72.14%	94.78%
Oct-11	295,420	16,415	92,206	10,223	414,264	71.31%	94.74%
Nov-11	359,420	23,544	103,336	13,524	499,824	71.91%	93.85%
Dec-11	293,367	19,793	79,292	12,278	404,730	72.48%	93.68%
Jan-12	368,448	23,804	95,675	13,069	500,996	73.54%	93.93%
Feb-12	301,119	19,605	74,924	9,980	405,628	74.24%	93.89%
Mar-12	292,125	19,105	74,719	9,435	395,384	73.88%	93.86%
Apr-12	283,881	18,041	70,359	10,073	382,354	74.25%	94.02%
May-12	347,146	21,833	83,874	8,363	461,216	75.27%	94.08%
Jun-12	289,148	18,275	68,450	7,688	383,561	75.39%	94.06%
Jul-12	342,706	21,617	80,552	8,715	453,590	75.55%	94.07%

*\*Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

### **Prescription Drug Utilization** *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

<b>Time Period</b>	<b>Members</b>	<b>Patients</b>	<b>Scripts</b>	<b>Scripts Per Member</b>	<b>Scripts Per Patient</b>	<b>Allow Amt* Per Script</b>	<b>Net Pay Per Script</b>	<b>Member Cost Per Script</b>	<b>Patient Cost Per Script</b>
May-11	269,723	168,169	435,484	1.61	3.03	\$78.12	\$63.34	\$23.85	\$38.26
Jun-11	269,728	167,501	426,991	1.58	3.04	\$80.80	\$66.16	\$23.18	\$37.33
Jul-11	269,026	165,282	405,808	1.50	2.98	\$83.15	\$68.62	\$21.93	\$35.69
Aug-11	268,370	170,129	435,390	1.62	3.07	\$83.39	\$69.07	\$23.23	\$36.65
Sep-11	267,090	168,169	424,981	1.59	3.02	\$82.77	\$68.76	\$22.29	\$35.40
Oct-11	270,710	176,723	438,312	1.61	3.02	\$82.52	\$68.82	\$22.19	\$33.99
Nov-11	270,321	171,451	432,862	1.60	3.00	\$82.28	\$68.64	\$21.85	\$34.44
Dec-11	270,668	170,830	453,717	1.67	3.10	\$83.81	\$70.25	\$22.73	\$36.01
Jan-12	270,955	169,732	433,058	1.59	3.03	\$82.71	\$66.31	\$26.21	\$41.85
Feb-12	270,589	170,298	421,722	1.55	2.93	\$82.60	\$66.63	\$24.89	\$39.54
Mar-12	270,990	171,001	434,655	1.60	3.01	\$83.65	\$68.16	\$24.84	\$39.36
Apr-12	270,888	165,014	406,081	1.49	2.93	\$85.12	\$70.22	\$22.33	\$36.66

*\*\*Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

## **Prescription Drug Utilization** *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred Jan-Apr 2012

<b>Prev Rank</b>	<b>Curr Rank</b>	<b>Product Name</b>	<b>Brand/Generic</b>	<b>Therapeutic Classes</b>	<b>Net Pay Rx</b>	<b>Net Pay Rx as Pct of All Drugs</b>	<b>Scripts Rx</b>	<b>Net Pay Per Day Supply Rx</b>	<b>Patients Rx</b>
1	1	CRESTOR	Single source brand	Cardiovascular Agents	\$3,520,799.16	4.07%	23,279	\$3.72	9,497
2	2	NEXIUM	Single source brand	Gastrointestinal Drugs	\$3,376,584.44	3.91%	14,417	\$5.91	5,655
3	3	SINGULAIR	Single source brand	Respiratory Tract Agents	\$3,162,252.32	3.66%	19,892	\$4.16	8,721
5	4	CYMBALTA	Single source brand	Central Nervous System	\$2,585,251.51	2.99%	11,902	\$5.96	4,378
4	5	HUMIRA	Single source brand	Immunosuppressants	\$2,563,860.16	2.97%	907	\$74.96	380
6	6	ENBREL	Single source brand	Immunosuppressants	\$2,487,738.90	2.88%	873	\$78.15	372
7	7	PLAVIX	Single source brand	Blood Form/Coagul Agents	\$1,949,289.44	2.26%	9,226	\$5.43	3,434
8	8	COPAXONE	Single source brand	Misc Therapeutic Agents	\$1,863,899.03	2.16%	320	\$133.10	136
9	9	ABILIFY	Single source brand	Central Nervous System	\$1,739,112.78	2.01%	2,868	\$17.50	1,176
10	10	ATORVASTATIN CALCIUM	Multisource generic	Cardiovascular Agents	\$1,286,273.09	1.49%	10,448	\$3.29	4,338
12	11	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$1,170,206.71	1.35%	4,888	\$6.07	1,870
11	12	ACTOS	Single source brand	Hormones & Synthetic Subst	\$1,153,974.75	1.34%	3,749	\$7.59	1,510
14	13	LOVAZA	Single source brand	Cardiovascular Agents	\$907,737.00	1.05%	5,186	\$4.38	2,333
15	14	LANTUS SOLOSTAR	Single source brand	Hormones & Synthetic Subst	\$875,271.02	1.01%	3,071	\$7.20	1,473
16	15	ANDROGEL	Multisource brand, no generic	Hormones & Synthetic Subst	\$874,242.84	1.01%	2,268	\$11.62	1,095
18	16	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$815,778.27	0.94%	1,971	\$11.00	857
13	17	LEXAPRO	Multisource brand, generic	Central Nervous System	\$805,562.05	0.93%	6,453	\$3.22	3,516
21	18	GABAPENTIN	Multisource generic	Central Nervous System	\$734,726.73	0.85%	13,973	\$1.48	6,185
20	19	CELEBREX	Single source brand	Central Nervous System	\$783,309.06	0.91%	4,386	\$4.55	1,926
19	20	BETASERON	Multisource brand, no generic	Misc Therapeutic Agents	\$767,830.15	0.89%	156	\$125.79	60
23	21	DIOVAN HCT	Single source brand	Cardiovascular Agents	\$762,156.50	0.88%	5,555	\$3.41	2,093
17	22	PROVIGIL	Single source brand	Central Nervous System	\$745,513.57	0.86%	574	\$39.34	257
-	23	GILENYA	Single source brand	Misc Therapeutic Agents	\$734,638.13	0.85%	131	\$144.16	47
25	24	ADVAIR DISKUS 250/50	Single source brand	Hormones & Synthetic Subst	\$727,845.00	0.84%	2,984	\$6.37	1,729
-	25	GLEEVEC	Single source brand	Antineoplastic Agents	\$723,374.82	0.84%	71	\$203.54	34

*\*\*Product Name" includes all strengths/formulations of a drug*

**Prescription Drug Utilization** *(continued)*

In summary, the top 25 drugs represent 8.82% of total scripts and 32.33% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$37,171,593	149,621	5,756,620
All Product Names	\$114,957,843	1,695,516	53,147,558
Top Drugs as Pct of All Drugs	32.33%	8.82%	10.83%

## Utilization

The top 25 clinical conditions based on incurred claims for Jan-Apr 2012.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Signs/Symptoms/Oth Cond, NEC	\$21,781,226	\$3,792,963	\$17,627,644	2.48	8.81	389.13	15.91	41,146	\$529.36
2	2	Prevent/Admin Hlth Encounters	\$18,659,846	\$88,026	\$18,565,350	0.00	0.00	613.34	0.65	58,794	\$317.38
3	3	Coronary Artery Disease	\$14,994,291	\$8,276,296	\$6,711,728	3.16	3.73	48.11	3.09	4,043	\$3,708.70
4	4	Gastroint Disord, NEC	\$14,882,708	\$3,255,109	\$11,616,210	1.60	4.59	154.85	23.16	15,598	\$954.14
6	5	Osteoarthritis	\$13,853,105	\$8,750,888	\$5,096,857	3.57	2.67	211.65	0.67	11,286	\$1,227.46
5	6	Respiratory Disord, NEC	\$13,199,825	\$4,151,117	\$9,041,197	0.81	3.82	94.72	16.48	12,788	\$1,032.20
8	7	Arthropathies/Joint Disord NEC	\$10,005,343	\$1,146,259	\$8,833,531	0.50	3.56	440.48	6.13	24,457	\$409.10
7	8	Chemotherapy Encounters	\$9,557,572	\$833,852	\$8,723,720	0.52	3.47	1.08	0.00	368	\$25,971.66
9	9	Renal Function Failure	\$9,396,759	\$1,070,278	\$8,324,723	0.40	5.61	16.43	0.47	1,516	\$6,198.39
10	10	Spinal/Back Disord, Low Back	\$9,029,516	\$2,205,663	\$6,805,090	0.75	3.12	582.21	5.87	17,091	\$528.32
11	11	Pregnancy w Vaginal Delivery	\$7,975,754	\$7,937,463	\$38,291	6.88	2.47	0.42	0.18	1,047	\$7,617.72
14	12	Cardiovasc Disord, NEC	\$6,467,780	\$1,249,273	\$5,218,082	1.19	3.30	53.92	11.65	6,460	\$1,001.20
12	13	Condition Rel to Tx - Med/Surg	\$6,417,470	\$4,307,821	\$2,095,304	2.11	5.25	6.75	2.00	1,357	\$4,729.16
10	14	Spinal/Back Disord, Ex Low	\$6,278,247	\$1,117,579	\$5,159,970	0.32	2.83	591.93	3.41	14,498	\$433.04
13	15	Infections - ENT Ex Otitis Med	\$6,199,184	\$204,573	\$5,994,296	0.41	2.46	655.64	8.52	51,616	\$120.10
16	16	Cholecystitis/Cholelithiasis	\$5,180,821	\$1,167,869	\$4,011,509	0.93	3.54	6.09	1.72	965	\$5,368.73
17	17	Cancer - Breast	\$5,140,577	\$338,078	\$4,748,207	0.25	3.83	34.23	0.00	1,610	\$3,192.91
18	18	Newborns, w/wo Complication	\$5,075,085	\$4,886,968	\$187,658	10.31	3.08	5.18	0.21	1,265	\$4,011.93
20	19	Cardiac Arrhythmias	\$4,932,226	\$1,725,630	\$3,206,485	1.35	2.45	36.41	2.84	2,858	\$1,725.76
19	20	Cerebrovascular Disease	\$4,585,107	\$3,045,322	\$1,453,229	1.55	4.47	13.06	1.84	1,406	\$3,261.10
21	21	Urinary Tract Calculus	\$4,502,309	\$600,951	\$3,901,358	0.78	2.23	17.62	5.43	1,622	\$2,775.78
22	22	Infec/Inflam - Skin/Subcu Tiss	\$4,469,689	\$1,245,163	\$3,201,223	1.45	4.51	246.38	5.33	18,777	\$238.04
23	23	Infections, NEC	\$4,378,315	\$3,488,650	\$888,790	0.18	4.62	81.68	2.38	7,835	\$558.81
24	24	Diabetes	\$4,335,816	\$1,203,995	\$3,105,067	1.02	4.67	203.73	1.83	15,160	\$286.00
-	25	ENT Disorders, NEC	\$3,949,926	\$70,193	\$3,879,564	0.11	2.80	646.39	2.73	20,025	\$197.25

NOTE: Medical payments represent only the payments made for the specified condition.

**Utilization** *(continued)*

In Summary, the top clinical conditions represent more than 57.80% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$215,248,497	\$66,159,980	\$148,435,082	42.6	3.66	5,151.44	122.52
All Clinical Conditions	\$372,404,257	\$109,230,614	\$261,895,341	78.49	3.98	8,316.85	244.08
Top Clinical Conditions as Pct of All Clinical Conditions	57.80%	60.57%	56.68%	54.28%	92.03%	61.94%	50.20%

### **Claims Lag Analysis**

The following claims lag information is based on medical claims (does not include Rx) incurred Jan-Apr 2012.

<b>Plan</b>	<b>Number of Medical Claims</b>	<b>Avg Days Lag Per Claim</b>	<b>% Claims Paid Within 30 Days</b>	<b>% Claims Paid Within 60 Days</b>	<b>% Claims Paid Within 90 Days</b>
Capitol Choice	430,091	17.1	86.51%	95.09%	97.92%
Maximum Choice	210,446	17.4	86.09%	94.99%	97.90%
Optimum PPO	2,143,091	17.8	85.44%	94.87%	97.83%
Standard PPO	142,869	20.1	82.22%	93.23%	97.09%
~Missing	19,328	22.1	81.38%	93.51%	97.31%
All Plans	2,945,825	17.8	85.46%	94.82%	97.81%

*\*Missing means the claims could not be tagged to a specific plan.*

## **Claims Lag Analysis** *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12
May 2011	\$2,751,163.46	\$715,938.10	\$454,864.23	\$189,819.52	\$130,102.68	\$123,071.93
Jun 2011	\$10,732,165.50	\$2,640,107.65	\$1,041,568.46	\$440,288.87	\$535,658.32	\$153,238.99
Jul 2011	\$51,227,505.69	\$8,494,700.56	\$2,620,673.52	\$1,381,201.95	\$519,191.48	\$380,592.09
Aug 2011	\$66,189,023.16	\$46,372,173.12	\$7,995,055.35	\$2,317,854.54	\$1,338,143.44	\$659,722.29
Sep 2011	\$0.00	\$63,974,806.90	\$45,409,460.54	\$7,083,679.84	\$2,347,552.12	\$1,794,335.01
Oct 2011	\$0.00	\$0.00	\$62,636,767.39	\$50,823,546.15	\$8,098,061.33	\$3,021,108.84
Nov 2011	\$0.00	\$0.00	\$0.00	\$67,886,200.80	\$46,741,596.24	\$7,734,373.38
Dec 2011	\$0.00	\$0.00	\$0.00	\$0.00	\$66,601,419.19	\$55,189,505.65
Jan 2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$60,063,179.42
Feb 2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mar 2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Apr 2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12
May 2011	\$50,910.97	\$3,518.99	\$145,236.50	\$89,756.85	(\$27,790.62)	(\$5,954.95)
Jun 2011	\$293,578.80	(\$5,257.68)	\$8,098.53	(\$4,127.39)	\$60,956.92	\$5,225.00
Jul 2011	\$283,049.87	\$47,125.28	\$133,562.47	\$21,156.17	(\$35,988.29)	(\$83,809.06)
Aug 2011	\$355,135.58	\$453,603.59	\$201,072.09	\$197,615.53	\$34,619.23	(\$60,132.70)
Sep 2011	\$932,066.71	\$331,100.66	\$367,985.33	\$159,280.80	\$187,344.88	\$50,694.63
Oct 2011	\$1,860,456.08	\$796,928.32	\$175,532.81	\$268,185.48	(\$116,347.30)	\$45,669.62
Nov 2011	\$3,489,254.18	\$1,387,983.52	\$1,972,761.17	\$450,697.37	\$252,949.28	\$182,295.51
Dec 2011	\$11,208,977.28	\$3,544,471.83	\$2,140,220.45	\$477,816.06	\$318,550.29	\$46,876.61
Jan 2012	\$45,379,276.92	\$7,727,373.52	\$3,382,435.79	\$2,092,754.94	\$551,603.66	\$549,590.48
Feb 2012	\$61,627,771.55	\$44,162,459.69	\$9,276,240.76	\$2,543,142.51	\$919,652.68	\$714,457.70
Mar 2012	\$0.00	\$62,107,137.22	\$53,549,681.85	\$8,867,051.95	\$2,576,271.39	\$1,196,543.85
Apr 2012	\$0.00	\$0.00	\$59,549,991.75	\$49,515,023.37	\$8,687,186.50	\$2,323,272.23



### Claims Distribution Based on Age/Gender

The following is based on claims incurred Jan-Apr 2012.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,285	\$6,236,139.54	\$4,852.27	1,371	\$5,116,880.56	\$3,731.68
Ages 1-4	5,549	\$3,522,421.86	\$634.78	5,897	\$4,781,155.65	\$810.75
Ages 5-9	7,779	\$3,640,045.48	\$467.92	8,122	\$5,119,688.56	\$630.35
Ages 10-14	8,596	\$4,719,649.11	\$549.06	8,985	\$5,939,818.88	\$661.07
Ages 15-17	5,397	\$4,695,948.01	\$870.14	5,785	\$5,458,197.57	\$943.51
Ages 18-19	3,660	\$2,985,859.90	\$815.76	3,867	\$2,241,968.94	\$579.84
Ages 20-24	9,157	\$8,102,247.73	\$884.80	8,286	\$5,692,060.55	\$686.99
Ages 25-29	8,812	\$11,205,696.29	\$1,271.71	4,805	\$3,423,260.20	\$712.47
Ages 30-34	10,143	\$15,397,807.72	\$1,518.04	5,461	\$4,049,790.17	\$741.56
Ages 35-39	10,977	\$16,228,745.39	\$1,478.50	5,984	\$6,850,978.53	\$1,144.84
Ages 40-44	13,316	\$22,766,295.14	\$1,709.67	7,197	\$9,933,555.63	\$1,380.24
Ages 45-49	14,383	\$27,607,231.58	\$1,919.41	8,282	\$13,852,606.86	\$1,672.58
Ages 50-54	17,186	\$40,897,196.89	\$2,379.65	9,719	\$22,707,024.18	\$2,336.47
Ages 55-59	20,275	\$53,622,983.61	\$2,644.76	12,304	\$35,167,450.57	\$2,858.33
Ages 60-64	21,064	\$68,216,126.06	\$3,238.59	13,812	\$49,869,473.24	\$3,610.64
Ages 65-74	2,361	\$7,028,400.10	\$2,977.50	1,609	\$7,658,308.70	\$4,761.15
Ages 75-84	143	\$431,692.04	\$3,014.61	160	\$745,798.22	\$4,661.24
Ages 85+	10	\$13,940.86	\$1,366.75	2	\$1,800.92	\$818.60

### **Allowed Amount Distribution**

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2005—2011 and year to date for 2012.

<b>Allowed Amount</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
less than 0.00	90	9	16	27	22	40	43	1
\$0.00 - \$499.99	50,002	54,058	53,891	53,571	53,160	57,386	58,032	97,489
\$500.00 - \$999.99	29,232	32,931	33,830	34,248	34,982	34,373	35,936	41,713
\$1,000.00 - \$1,999.99	35,407	40,360	42,464	42,360	43,452	42,980	44,092	37,166
\$2,000.00 - \$4,999.99	47,471	54,430	56,819	58,612	59,566	60,340	60,271	32,057
\$5,000.00 - \$9,999.99	26,210	30,373	32,271	34,487	35,696	36,031	36,323	12,240
\$10,000.00 - \$14,999.99	9,138	10,608	11,983	13,272	14,198	14,876	15,028	4,313
\$15,000.00 - \$19,999.99	4,055	4,726	5,470	6,332	6,849	7,182	7,367	1,960
\$20,000.00 - \$29,999.99	3,539	4,284	5,050	5,930	6,475	6,958	7,122	1,815
\$30,000.00 - \$49,999.99	2,312	2,844	3,268	3,820	4,451	4,942	5,148	1,294
\$50,000.00 - \$74,999.99	932	1,090	1,306	1,492	1,773	2,024	2,254	543
\$75,000.00 - \$99,999.99	390	465	536	589	688	829	842	224
\$100,000.00 - \$149,999.99	299	354	406	499	545	649	707	140
\$150,000.00 - \$199,999.99	116	117	160	194	203	224	277	67
\$200,000.00 - \$249,999.99	57	60	81	83	116	118	119	38
over \$249,999.99	74	99	127	152	166	197	256	48
<b>Total</b>	<b>209,324</b>	<b>236,808</b>	<b>247,678</b>	<b>255,668</b>	<b>262,342</b>	<b>269,149</b>	<b>273,817</b>	<b>231,108</b>

## **Summary of Enrollment and Claims**

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Net Pay Med and Rx</b>	<b>Net Pay Med</b>	<b>Net Pay Rx</b>	<b>Claims Paid</b>	<b>Claims Paid Med</b>	<b>Scripts Rx</b>
May-11	269,723	\$118,860,776.95	\$91,275,075.25	\$27,585,701.70	762,216	313,478	435,484
Jun-11	269,728	\$131,499,856.53	\$103,251,091.69	\$28,248,764.84	774,589	334,563	426,991
Jul-11	269,026	\$121,380,069.69	\$93,535,496.17	\$27,844,573.52	733,144	314,116	405,808
Aug-11	268,370	\$126,053,885.22	\$95,980,286.25	\$30,073,598.97	791,420	341,073	435,390
Sep-11	267,090	\$122,638,307.42	\$93,417,972.88	\$29,220,334.54	761,537	322,347	424,981
Oct-11	270,710	\$127,609,908.72	\$97,446,250.70	\$30,163,658.02	797,373	344,006	438,312
Nov-11	270,321	\$130,098,111.45	\$100,386,019.63	\$29,712,091.82	778,341	331,113	432,862
Dec-11	270,668	\$139,527,837.36	\$107,653,097.19	\$31,874,740.17	794,593	325,852	453,717
Jan-12	270,955	\$119,746,214.73	\$91,031,891.95	\$28,714,322.78	779,954	331,020	433,058
Feb-12	270,589	\$119,243,724.89	\$91,143,772.07	\$28,099,952.82	762,894	327,631	421,722
Mar-12	270,990	\$128,296,686.26	\$98,669,353.73	\$29,627,332.53	783,513	333,744	434,655
Apr-12	270,888	\$120,075,473.85	\$91,559,239.28	\$28,516,234.57	725,428	304,563	406,081

*NOTE: Includes run out data from all Carriers*

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Total Medical and Rx Claims</b>	<b>Total Medical Claims</b>	<b>Total Rx Claims</b>
May 2010 - Apr 2011	267,097	1,445,853,625	\$1,104,604,130	\$341,249,495
May 2011 - Apr 2012	270,814	1,510,460,855	\$1,160,460,337	\$350,000,519
% Change (Roll Yrs)	1.40%	4.50%	5.10%	2.60%